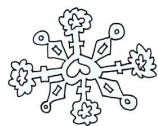
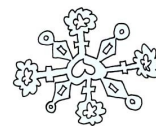


HOLIDAY BREAK CAMP



MCALLISTER RECREATION CENTER



CAMP HOURS: 9:00 AM - 4:00 PM

WEEK ONE: DECEMBER 21ST-23RD

COST: \$50.00

WEEK TWO: DECEMBER 28TH-31ST

Cost: \$70.00

**BEFORE & AFTER CARE: 7:30 - 9:00 AM
& 4:00 - 5:30 PM**

BEFORE & AFTER CARE COST: \$15.00 A WEEK PER FAMILY

JOIN US FOR A FUN WEEK OF:

- HOLIDAY ARTS AND CRAFTS
- GAMES AND ACTIVITIES
- BOWLING
- AND OTHER FUN EVENTS FOR YOUR CAMPER!

-EACH CAMPER SHOULD BRING THEIR OWN LUNCH FOR EACH DAY OF CAMP. THE MCALLISTER STAFF WILL PROVIDE A MORNING AND AFTERNOON SNACK.

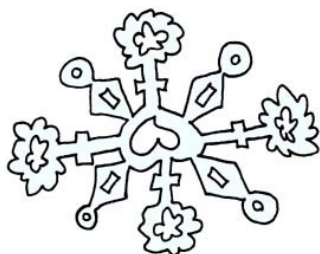
-CAMPERS SHOULD DRESS APPROPRIATELY FOR THE WEATHER. THE STAFF HAS PLANNED BOTH INDOOR AND OUTDOOR ACTIVITIES, SO BOTH INDOOR AND OUTDOOR SHOES ARE RECOMMENDED.

**MCALLISTER RECREATION CENTER
2351 N. 20TH ST.**

LAFAYETTE, IN 47904

**FOR MORE INFORMATION CALL:
(765) 807-1360**

McAllister
RECREATION CENTER



HOLIDAY BREAK CAMP REGISTRATION FORM



CAMPER'S NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____
ZIP CODE: _____ AGE: _____ D.O.B. _____

PLEASE CIRCLE SHIRT SIZE: YS YM YL AS AM AL

PLEASE CHECK WEEKS ATTENDING:

WEEK ONE: DECEMBER 21ST-23RD _____

WEEK TWO: DECEMBER 28TH-31ST _____



PARENT/GUARDIAN INFORMATION:



NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____
ZIP CODE: _____
PHONE NUMBER:(HOME) _____ (WORK) _____

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____
ZIP CODE: _____
PHONE NUMBER:(HOME) _____ (WORK) _____



EMERGENCY CONTACT INFORMATION:

PLEASE LIST TWO INDIVIDUALS WHO MAY BE CONTACTED IN AN
EMERGENCY IF THE PARENT/GUARDIAN CANNOT BE REACHED

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____



FIELD TRIP PERMISSION:

I HEREBY GIVE PERMISSION FOR _____ TO ATTEND ALL FIELD TRIPS
AND PARTICIPATE IN ALL ACTIVITIES ASSOCIATED WITH THE LAFAYETTE PARKS
AND RECREATION DEPARTMENT'S HOLIDAY BREAK CAMP.
PARENT OR GUARDIAN SIGNATURE: _____



PLEASE MAIL TO:
LAFAYETTE PARKS & RECREATION
MCALLISTER RECREATION CENTER
1915 SCOTT STREET
LAFAYETTE, IN 47904